

<b>FINANCIAL AFFIDAVIT</b> <small>IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE</small>			
<small>IN THE CASE</small> <u>U.S.</u> v.s. <u>Louis Ramirez</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>IN UNITED STATES</b>    <input type="checkbox"/> MAGISTRATE    <input type="checkbox"/> DISTRICT    <input type="checkbox"/> APPEALS COURT or    <input type="checkbox"/> OTHER PANEL (Specify below) </td> <td style="width: 40%;"> <b>LOCATION NUMBER</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </td> </tr> </table>	<b>IN UNITED STATES</b> <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	<b>LOCATION NUMBER</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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<b>PERSON REPRESENTED</b> (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>DOCKET NUMBERS</b>  Magistrate  District Court  Court of Appeals </td> <td style="width: 40%;"> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </td> </tr> </table>	<b>DOCKET NUMBERS</b> Magistrate District Court Court of Appeals	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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<b>CHARGE/OFFENSE</b> (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> 1 <input type="checkbox"/> Defendant—Adult  2 <input type="checkbox"/> Defendant - Juvenile  3 <input type="checkbox"/> Appellant  4 <input type="checkbox"/> Probation Violator  5 <input type="checkbox"/> Parole Violator  6 <input type="checkbox"/> Habeas Petitioner  7 <input type="checkbox"/> 2255 Petitioner  8 <input type="checkbox"/> Material Witness  9 <input type="checkbox"/> Other </td> <td style="width: 40%;"></td> </tr> </table>		1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
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<b>EMPLOYMENT</b>	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed		
	Name and address of employer: _____		
	<b>IF YES</b> , how much do you earn per month? \$ _____	<b>IF NO</b> , give month and year of last employment How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>IF YES</b> , how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		
<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</b>	RECEIVED	SOURCES
<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , state total amount \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>PROPERTY</b>	<b>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</b>		
		VALUE	DESCRIPTION

<b>DEPENDENTS</b>	<b>MARITAL STATUS</b> <input checked="" type="checkbox"/> SINGLE <i>living together</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>4</u>	List persons you actually support and your relationship to them <u>Demetrius Cohen</u> — <u>Spouse</u> <u>Leah Ramirez</u> — <u>Son</u> <u>Leah Ramirez</u> — <u>Daughter</u> <u>Dionne Ramirez</u> — <u>Son</u>	
<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEBTS &amp; MONTHLY BILLS</b> <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>			
	<b>APARTMENT OR HOME:</b> <u>currently in Middleburg</u>	<b>Creditors</b>	<b>Total Debt</b>	<b>Monthly Paymt.</b>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Louis Ramirez